Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITORI	- INLI OINI	
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil	ı	Date Stamp		CALIFORNIA 496		
AREA CODE/PHONE NUMBER (916)443-7817			I.D. NUMBER (if applicable) 1273998			NoLIE-460	Page 1 of 7	For Official Use Only			
STREET ADDRESS			to Repo	ndment ort No							
CITY Sacramento	mento STATE ZIP CODE CA 95814			(explain be	Pages7						
1. List Only One Can	didate or Ballot Measur	е		•				·			
NAME OF CANDIDATE SU	JPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.				
OFFICE SOUGHT OR HEL	.D/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Expe	nditures Made Attach	additional info	ormation on appr	opriately labe	eled continu	nation sheets.	-				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT		
09/27/2005	Office Expenses							\$538.18			
09/27/2005	Travel Expenses							\$97.51			
09/01/2005 - 09/24/2005	Office Space							\$400.00			
09/01/2005 - 09/24/2005	Support Services							\$1,021.10			
09/26/2005	Food for Volunteers							\$1.75			

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							EATE INDE	LELINDLINI LA	LINDITOR	- INCI OINT	
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp		CALIFORNIA 496		
AREA CODE/PHONE NUMBER (916)443-7817			I.D. NUMBER (if applicable) 1273998			NoLIE-460	Page 2 of 7	For	Only		
STREET ADDRESS			to Repo	ndment ort No							
CITY Sacramento	state ZIP CODE camento CA 95814			(explain below) No. of Pages7							
1. List Only One Ca	andidate or Ballot Measu	ire		•				•			
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.)			
OFFICE SOUGHT OR I	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Exp	penditures Made Attac	h additional info	ormation on appr	opriately labe	eled continu	ration sheets.					
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT		
09/27/2005	Office Expenses							\$31.54			
09/27/2005	Office Expenses							\$88.30			
09/27/2005	Data Lists							\$235.88			
09/27/2005	Office Expenses							\$7.41			
09/27/2005	Office Expenses							\$4.33			

Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	PENDENT EX	PENDITURE	REPORT	
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp		CALIFORNIA 496		
		I.D. NUMI 1273998	I.D. NUMBER (if applicable) 1273998			NoLIE-460	D 2.67	For Official Use Onl		Only	
STREET ADDRESS		1			to Repo	ndment ort No	Page 3 of 7				
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7					
1. List Only One Ca	ndidate or Ballot Meas	ure		•				•			
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.				
OFFICE SOUGHT OR H	ELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Exp	enditures Made Atta	nch additional info	rmation on appr	opriately labe	eled continu	uation sheets.					
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT		
09/27/2005	Office Expenses							\$18.83			
09/27/2005	Office Expenses							\$10.39			
09/27/2005	Office Expenses							\$9.56			
09/27/2005	Office Expenses							\$3.13			
09/27/2005	Office Expenses							\$2.46			

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITORE	- INLI OINI	
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO	CALIFORNIA 496		
		I.D. NUM 1273998	I.D. NUMBER (if applicable) 1273998		Report No. LIE-460		D 4 65	For Official Use On		Only	
STREET ADDRESS				Page 4 of 7 Amendment to Report No.							
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7					
1. List Only One Ca	andidate or Ballot Meas	ure						•			
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.				
OFFICE SOUGHT OR F	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X	
2. Independent Exp	penditures Made Atta	ch additional info	rmation on appr	opriately labe	eled continu	uation sheets.					
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT		
09/27/2005	Office Expenses							\$4.05			
09/27/2005	Office Expenses							\$1.13			
09/27/2005	Office Expenses							\$2.71			
09/27/2005	Office Expenses							\$2.24			
09/27/2005	Office Expenses							\$13.42			

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817 I.D. NUM 1273998		o. NUMBER (if applicable) .73998		Report NoLIE-460		Page 5 of 7	For Official Use Only			
STREET ADDRESS					to Repo	ndment ort No	Page 5 of 7			
CITY STATE ZIP CODE Sacramento CA 95814				(explain be	Pages7					
1. List Only One C	Candidate or Ballot Measu	ure		•				·		
NAME OF CANDIDAT	TE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	R HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	kpenditures Made Attac	ch additional info	rmation on app	ropriately lab	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
09/27/2005	Office Expenses							\$11.92		
09/27/2005	Office Expenses							\$9.35		
09/27/2005	Office Expenses							\$8.23		
09/27/2005	Office Expenses							\$75.95		
09/27/2005	Office Space and Parking							\$218.13		

Type or print in ink. Amounts may be rounded to whole dollars.

							LATE INDEP	ENDENI EY	PENDITURE	KEPOKI
NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations					Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817 STREET ADDRESS I.D. NUMBE 1273998			I.D. NUMBER (if applicable) 1273998			NoLIE-460	D 6 67	For Official Use On		Only
				Amendment		Page 6 of 7				
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	ndidate or Ballot Measu	ire		·				•		
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR H	ELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	enditures Made Attack	h additional info	rmation on app	opriately lab	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
09/27/2005	Office Expenses							\$3.20		
09/27/2005	Consulting Services							\$875.00		

CALIFORNIA FORM

NAME OF FILER I.D. NUMBER (If applicable) Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations 1273998

3. Contributions of \$100 or More Received*

	utions of \$100 or more Received		IF AN INDIVIDUAL, ENTER OCCUPATION		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
9/26/2005	CA Faculty Association Political Issues Committee Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY		\$70.00	If loan, enter interest rate, if any %
	ID: 881029	☐ scc			
9/1/2005	CA Teachers Association Issues PAC Burlingame, CA 94010	☐ IND ☐ COM ☐ OTH ☐ PTY		\$16,000.00	If loan, enter interest rate, if any %
	ID: 880873	☐ scc			
9/1/2005	CA Teachers Association Issues PAC Burlingame, CA 94010	☐ IND ☐ COM ☐ OTH ☐ PTY		\$40,843.80	If loan, enter interest rate, if any %
	ID: 880873	☐ scc			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		IND COM OTH PTY SCC			If loan, enter interest rate, if any

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772